

OWNER/EMPLOYEE INFORMATION
SUPPLEMENTAL FORM A

The following information **MUST** be provided for **EACH OWNER, MEMBER, MANAGER, DIRECTOR, PRINCIPAL OFFICER AND EMPLOYEE**. You may make and use additional copies of this form as necessary, submitting a separate and completed form for **EACH OWNER, MEMBER, MANAGER, DIRECTOR, PRINCIPAL OFFICER AND EMPLOYEE**. Note: This includes all Directors and Officers noted in your Articles of Organization. **FAILURE TO SUBMIT COMPLETED FORMS WILL RESULT IN YOUR APPLICATION BEING DENIED**. Each Supplemental Form A must be accompanied by a completed Criminal Background Check Verification Form.

Business Name: _____ Branch Name: (If applicable) _____

Name: _____ Relationship to business: _____

Present Home Address:

Street	City	State	Zip	(County)
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How long at this address? _____

Home Telephone Number: (____) _____

Work Telephone Number: (____) _____

Email Address: _____

Social Security Number: _____/_____/_____

Have you ever been convicted of a felony: _____ Yes _____ No

If so, what felony, in what state, county and year:

Date of birth _____ State & County of Birth _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

Complexion _____ Race _____ U.S. Citizen ____ Yes ____ No

Give any unusual or identifying marks, scars or characteristics:

Drivers License # _____ State & Expiration Date _____

I swear or affirm and certify that I have completed and/or reviewed all information required in this application and that all information contained herein and in all addenda and supplemental forms is true and correct. I further certify that I understand that giving false information in this application or any addenda or supplemental forms constitutes cause for denial or revocation of my application for Certificate of Authority and may subject me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes.

SWORN AND SUBSCRIBED to before me
this _____ day of _____ 20____

Signature

Notary Public for South Carolina
My Commission Expires: _____

Print your name and relationship to business